

PERMITTEE NAME/ADDRESS (Include
Facility Name/Location if different)

NAME **IMAT, Inc.**
ADDRESS **12516 NE 95th St. Ste. D110**
Vancouver, WA 98682

COUNTY **Clark**
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

ST 6162
PERMIT NUMBER

DI & City
DISCHARGE NUMBER

Monthly
(submit quarterly)

Form Approved.

OMB No. 2040-0004

Approval expires 10-31-94

**NOTE: Read instructions before
completing this form.**

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
		01				
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

PARAMETER (32-37)		(3 Card Only) (46-53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Flow, deionized water makeup product stream	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT		Report	gpd						N/A	CONT	MT
Flow, city water meter	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT		Report	gpd						N/A	01/30	MT
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
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	PERMIT REQUIREMENT											
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TYPED OR PRINTED												
							SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			AREA CODE	NUMBER	YEAR

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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		01	TO			
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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow – AWN	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	3600	6000	gpd					0	01/30	MT
pH	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT				6		9	S.U.	0	CONT	MT
Copper	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						2.2	mg/L	0	01/30	CP
Fluoride	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT					17.4	32.0	mg/L	0	01/90	CP
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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TYPED OR PRINTED											
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DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

Annual

(Sample in August - To be Received
by DOE no later than October 15th)

St 6162			AWN				
PERMIT NUMBER			DISCHARGE NUMBER				
MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Arsenic	SAMPLE MEASUREMENT										
	PERMIT MEASUREMENT						0.1	mg/L	0	1/365	CP
Barium	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						5.5	mg/L	0	1/365	CP
Beryllium	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						90	mg/L	0	1/365	CP
Cadmium	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						0.3	mg/L	0	1/365	CP
Chromium	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						20	mg/L	0	1/365	CP
Chlorine Demand	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						1.7	mg/L	0	1/365	CP
Cyanide	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						0.2	mg/L	0	1/365	Grab
Iron	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						10	mg/L	0	1/365	CP
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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Lead	SAMPLE MEASUREMENT										
	PERMIT MEASUREMENT						0.4	mg/L	0	1/365	CP
Mercury	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						0.05	mg/L	0	1/365	CP
Nickel	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						2.1	mg/L	0	1/365	CP
Selenium	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						0.1	mg/L	0	1/365	CP
Silver	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						0.1	mg/L	0	1/365	CP
Total Toxic Organics	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						1.37	mg/L	0	1/365	Grab
Zinc	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						2.3	mg/L	0	1/365	CP
Phenols or Cresols	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						0.6	mg/L	0	1/365	Grab
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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Oil & Grease	SAMPLE MEASUREMENT											
	PERMIT MEASUREMENT							50	mg/L	0	1/365	Grab
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
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